



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:03 pm, Nov 03, 2013

ORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 204135	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/02/2013
LOCATION OF INSTRUMENT (STREET AND CITY) PIKE COUNTY SHERIFF'S DEPT., BOWLING GREEN, MO, 63334		TIME OF INSPECTION 6:50 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 11/02/2013 @
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
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<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER RepCo Marketing Inc.	LOT # 12002	EXP. DATE 08/29/2014
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<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN G6768	EXP. DATE 02/14/2014
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☒ **CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .100	TEST 2 .101	TEST 3 .102
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 2	(0-.04) 0	(.05-.09) 1	(.10-.14) 0	(.15-.19) 1	OVER .19 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE T. P. C. Long	PRINT FULL NAME TROOPER P. C. LONG
TYPE II PERMIT NUMBER/EXPIRATION DATE 220040/02-09-2014	TELEPHONE NUMBER (636) 300-2800

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 12002

EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is August 30, 2012
The expiration date for this lot number is August 29, 2014 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

Operator Signature

TPR PC Yang

1. Name of the person whose sample was analyzed: _____
2. Date of collection: _____
3. Location of collection: _____
4. Name of the person who collected the sample: _____
5. Name of the person who analyzed the sample: _____
6. Name of the person who prepared the report: _____
7. Name of the person who reviewed the report: _____
8. Name of the person who approved the report: _____
9. Name of the person who signed the report: _____
10. Name of the person who filed the report: _____

11. Name of the person who received the report: _____
12. Name of the person who reviewed the report: _____
13. Name of the person who approved the report: _____
14. Name of the person who signed the report: _____
15. Name of the person who filed the report: _____

Operator Signature

TPR PC Yang

Operator Signature

TPR PC Yang

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



PAUL C LONG

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/09/2012

Number 220040

Expires 02/09/2014

MO 660-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lsb. 4 (R7-88)